L23000428480

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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2023 SEP 13 PH 4: 04 FILED

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 09/13/23

NAME: INTERIORS BY VANGUARD, LLC

TYPE OF FILING: CONVERSION

COST: 150.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: New Filing Se Division of Co					
SUBJECT: Interio	ors By Vanguard, LLC				
SOBJECT:	(Name of Res		lorida Limite	ed Com	pany)
	· ·		-		I fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please return all corre	spondence concerning	g this n	natter to:		
D	Peena Sherman				
	(Contact Person)	-			
Interio	rs By Vanguard, LLC				
	(Firm/Company)		-		
1700 66	5th Street N, Suite 50	01			
	(Address)	-			
St Date	ersburg, FL 33710				
	ity, State and Zip Code)				
deenad	@interiorsbyvanguar	d.com			
	used for future annual re		fications)		
For further information	on concerning this ma	tter, pl	ease call:		
Michael Sherman	1	at (727) 49	8-2950
(Name of Contac	et Person)		(Area Code)	(Dayt	ime Telephone Number)
Enclosed is a check for dollars and drawn on				rocess	ed by this office must be payable in US
🖾 \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status		80.00 Filing ertified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Addr					Address:
New Filing So Division of Co					Filing Section on of Corporations
P.O. Box 632	•				entre of Tallahassee
Tallahassee, F	L 32314			2415 N	N. Monroe Street, Suite 810

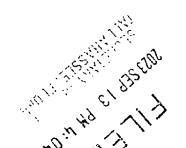
Tallahassee, FL 32303

Articles of Conversion For "Other Business Entity" Into

Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

Statutes.	
1. The name of the "Other Business Entity" immediately prior Interiors By Vanguard, LLC	to the filing of the Articles of Conversion is:
(Enter Name of Other Business Entity	у)
2. The "Other Business Entity" is alimited liability comp	any
(Enter entity type. Example: corporation, limited partnershi	
First organized, formed or incorporated under the laws oft	he State of New Jersey
	ate, or if a non-U.S. entity, the name of the country)
on March 6, 2018	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set f	orth in the attached Articles of Organization:
(Enter Name of Florida Limited Liability Con	npany)
4. If not effective on the date of filing, enter the effective date: (The effective date: Cannot be prior to date of receipt or file.)	
the date this document is filed by the Florida Department	
Note: If the date inserted in this block does not meet the applicable statuto document's effective date on the Department of State's records.	
5. The plan of conversion has been approved in accordance wit	th all applicable statutes.
6. The "Converted or Other Business Entity" has agreed to pay ar which such members are entitled under ss. 605.1006 and 605.	•



Articles of Conversion:

Certified Copy: Certificate of Status:

Fees for Florida Articles of Organization:

Signed this 12th day of	September	20 23
Signature of Authorized Repr	esentative of Limited L	iability Company:
Signature of Authorized Bones	antativa:	`
Signature of Authorized Repres Printed Name: <u>Deena Sherma</u>	contailve.	CEO
Trinted Name. Deena Silemia	300B242E37A94MIC	CLO
—— DocuSigned by:		elow for required signature(s)
Signature: Trug		e; CEO
Printed Name: Deena/Sherman	Tid	e: CEO
Signature:		e:
Printed Name:	Titl	e:
C :		
Signature:	TELL	e:
Printed Name:		e:
Signature:		
Printed Name:	Titl	c:
Signature:		
Printed Name:		e:
Signature:		
Printed Name:	Titl	e:
If Florida Corporation:	immon Director or Office	
Signature of Chairman, Vice Cha If Directors or Officers have not		
in infectors of Officers have not	been selected, an incorpor	ator must sign.
If Florida General Partnership	or Limited Liability Par	tnership:
Signature of one General Partner		
If Florida Limited Partnership	or Limited Liability Lin	nited Partnership:
Signatures of ALL General Partr	ners.	
All others:		
Signature of an authorized person	n.	
Fees:		

\$25.00

\$125.00

\$30.00 (Optional)

\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Comp	pany is:
Interiors By Vanguard, LLC	
(Must contain the words "Limite	ed Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1700 66th Street N, Suite 501	1700 66th Street N, Suite 501
St. Petersburg, FL 33710	St. Petersburg, FL 33710

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Deena She	rman
Na	ime
1700 66th Stree	et N, Suite 501
Florida street address (F	O. Box NOT acceptable)
St. Petersburg	FL 33710
City	Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Course of State

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	Deena Sherman
	1700 66th Street N, Suite 501
	St. Petersburg, FL 33710
AMBR	Michael Sherman
	1700 66th Street N, Suite 501
	St. Petersburg, FL 33710
	
(Use attachment if necessary)	
T. F. V. Other provisions, if one	
LE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
DocuSigned by:	
Pring Q	
Docusigned by: Poungs 5668247E37A84A0	
Signature of a member or a This document is executed in accordance	
Signature of a member or a This document is executed in accordance any false information submitted in a docum as provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes. I am aware t
Signature of a member or a This document is executed in accordance any false information submitted in a docum as provided for in s.817.155, F.S. Deena S	with section 605.0203 (1) (b), Florida Statutes, I am aware to the Department of State constitutes a third degree fell Sherman
Signature of a member or a This document is executed in accordance any false information submitted in a docum as provided for in s.817.155, F.S. Deena S	with section 605.0203 (1) (b), Florida Statutes, I am aware t nent to the Department of State constitutes a third degree fel

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)